Tranquillity

Subject: Annual Sanitary Report - Historical Supplement.

(a) Chronology.

"Itinerary of the U.S.S. TRANQUILLITY Since Commissioning 24 April 1945.

PORT	DATE ARRIVED	DATE DEPARTED	DAYS IN PORT	DAYS AT SEA
Commissioned Atlantic Basin Iron Works Brooklyn, New York	4-24-45	4-30-45	6	0
Brooklyn, New York (Loading Stores)	5-2-45	5-8-45	3	2
Norfolk, Virginia (Shakedown Reported ComServLant)	5-7-45	5-8-45	1	4
Annapolis, Maryland (Shakedown and Inspection by Surgeon General)	5-12-45	5-14-45	2	3
Norfolk, Virginia (Post Shakedown Repairs)	5-17-45	6-6-45	20	5
Panama, Canal Zone (Voyage Repairs, Reported to ComServPac)	6-11-45	6-14-45	3	13
Pearl Harbor, T.H. (Interim Voyage Repairs)	6-26-45	7-11-45	14	10*
Ulithi (Station Hospital Ship, ComServRon 10)	7-22-45	8-3-45	12	1
Peleliu (Embarked Survivors, U.S.S. INDIANAPOLIS)	8-4-45	8-6-45	2	2
Guam, M.I. (Debarked Survivors, U.S.S. INDIANAPOLIS)	8-8-45	8-9-45	1	1
Ulithi (Station Hospital Ship, ComServRon 10)	8-10-45	8-11-45	1	16
Tokyo Area, with 3rd Fleet (Task Group 30.8)	8-12-45	8-26-45		15
Guam, M.I. (Embarked Medical Evacuees)	8-27-45	8-28-45	1	15**
San Francisco, California (Debarked Medical Evacuees, Voyage Repairs) (Loaded Civilian and Naval Passengers)	9-11-45	9-19-45	8	7
Pearl Harbor, T.H. (Debarked Passengers, Voyage Repairs)	9-26-45	9-29-45	3	5
Pearl Harbor, T.H. (Voyage Repairs)	10-5-45	10-8-45	3	10*
Guam, M.I. (Embarked Medical Evacuees and Passengers)	10-18-45	10-19-45	1	16**
San Francisco, California (Debarked Evacuees and Passengers, Voyage Repairs, Embarked Passengers)	11-3-45	11-16-45	13	16*
Buckner Bay Okinawa (Embarked Medical Evacuees and Passengers after Debarking passengers)	12-3-45	12-6-45		16**
San Francisco, California (Debarked Medical Evacuees and Passengers)	12-22-45		9	

Note: * Westward crossing of the international date line.
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(c) Narrative Account.

After commissioning on 24 April 1945, at Atlantic Basin Iron Works, Brooklyn, TRANQUILLITY proceeded on sea trials in Long Island Sound, then returned to Brooklyn for fitting out. Approximately $275,000 worth of medical stores and equipment were taken aboard from Naval Medical Supply Depot, Edgewater, N.J., having been barged from that activity in the first barging operation of medical stores which that activity had carried out.

On 5-7-45, the ship reported to COMSERVLANT, and proceeded to a two weeks shakedown in the Norfolk - Chesapeake Bay area. Post-shakedown availability of 10 days followed, during which many items of repair and alteration were acomplished which had been neglected during the building period.

The vessel was then reported ready for sea and departed for COCO SOLO, C. Z., on 6-6-45. Voyage repairs were accomplished in 3 days at Ship Repair Facility, Coco Solo, and the transit made on 6-14-45. The ship then reported to COMSERVPAC, and proceeded to PEARL, where again voyage repairs and uncompleted work and alterations necessitated 10 days availability. On 7-11-45, the ship was ordered to ULITHI, Caroline I., for duty with COMSERVRON 10.

Upon coming to anchor at Ulithi the clinical offices, laboratory and wards of the Medical Department were ready to receive patients from units of the fleet and merchant ships in the harbor.

The transfer of ambulatory patients from small boats was accomplished without difficulty or congestion over one of the four gangways available. The jib crane hoists proved to be the most convenient, efficient and rapid means of transmitting stretcher cases. One of the ten (10) hoists of this type available was entirely adequate for the number of stretcher cases handled.

The service rendered by the Medical Department during the period reported consisted to the largest extent of a specialist consultation service in the various medical specialties, laboratory and x-ray examinations, and optical repair and issue of spectacles.

The first impression of the utility of design and equipment of this hospital ship, after a short period of operation, is of uniform excellence. The special features of hospital design, such as the wide ladders, passages and passage-ways for handling patients and equipment, the elevators, the space around berths to facilitate nursing, have paid rich dividends in labor saving and lack of "bottlenecks". The equipment, including furnitures, in the hospital spaces, is generally superb, and well selected for utility.

Also noted at this time is the extremely desirable flexibility of the hospital - the ship was not especially designed for consultations outpatient work for the type now encountered, with 100 to 200 outpatients daily. However, and with a shortage of 7 medical officers under allowed complement, it has been possible to handle these large numbers of out-

patients in addition to in-patients. The chief asset in this regard is that each medical officer has a well-equipped office and dressing room, adjoining or convenient to his ward, thus enabling him to perform this out-patient service and at the same time maintain close supervision of his ward.

Special mention is made of the air cooling system. In this climate, its real value is being demonstrated, and there can be no question of the tremendous value of this feature to the comfort, morale, and health of patients, and on that of the ship's company.

Other innovations in hospital ship installations which have already proved their merit in improvement of the patients' comfort and morale and in facilitating routine nursing care are:

(1) The Gatch-type lower bunks permitting the elevation of either the head or foot of the bunk to any angle desired for comfort, or required for proper nursing and medical care.

(2) The individual berth radio sets equipped with headsets and provided at every berth in the hospital spaces which permit all patients, not too ill, to enjoy musical programs, news and sports broadcasts as they wish without interference with or annoyance to other patients or medical personnel.

(3) The individual berth lights which provide each patient with adequate light for reading or writing as desired with the overhead lights off and without disturbing other patients.

The food service to the wards, while not taxed to capacity, is remarkable in that rapid service of food still hot when received by the patient has been routinely effected. For patients on regular mess food is conveyed in compartmented thermos-type containers to the ward diet pantries. The containers are immediately transferred to electrically heated warming tables from which the food is served to pre-heated compartmented trays which are then taken immediately to the patient. Patients on special diets are served from a mobile, electrically heated food cart.

The following is a tabulation of patients admitted and discharged and consultations rendered during the period 22 July 1945 to 31 July 1945 inclusive.

22 July - - 31 July

FROM SHIPS IN HARBOR
AND
LOCAL SHORE ACTIVITIES

	Admissions	Discharges	Consultations	Autopsies	Deaths
Navy	159	13	912	0	0
USMC	3	0	20	0	0
Army	11	1	8	1	1
USMS	12	3	56	0	0
Allied	0	0	3	0	0
Total	185	17	999	1	1

CASUALTIES
FROM
FORWARD AREA

	Admissions	Discharges	Autopsies	Deaths
Navy	10	1	1	1
USMC	2	0	0	0
Army	1	0	0	0
Total	13	1	1	1

The 10 Navy and 2 Marine Corps casualties received from the forward area all occurred as the result of an under-water explosion which damaged the USS MARATHON (APA-200). The casualties were transported to this ship by the USS GILLIAM (APA-57). Transfer was effected on 26 July 1945. The injuries suffered by this group of casualties consisted of fractures and wounds of various types and air-blast concussion injuries. All were awarded the Purple Heart by the Commanding Officer on 1 August 1945 except HARTZELL, Finnis Emery.

The one Army casualty, having a gun-shot wound of the right chest received in action against an organized enemy on Okinawa was transferred to this ship from the USS LATIMER (APA-152) on 26 July 1945.

The following deaths occurred aboard during the period of this entry:
HALEY, Carl (n) - Pfc USA - 7-24-45 - 34173420
(Cause of Death - Pneumonia-Broncho #811)
HARTZELL, Finnis Emery - S1c V6 USNR - 7-29-45 - 849 - 18 - 25
(Cause of Death - Pneumonia-Broncho following Blast Concussion, Atmospheric, Generalized #2595)

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Autopsies were held on the above named and also upon the body of POLING, Chester Glenn, Cox USNR - 895-33-07, who was sent to this ship for autopsy.

Routine in-port activities continued until departure for PELELIU Island on 3 August 1945 on a special mission to embark and transfer survivors of the U.S.S. INDIANAPOLIS, sunk in action against an organized enemy.

The following table summarizes the patient load during this period, 1 August 1945 to 3 August 1945.

1 August - - 3 August

FROM SHIPS IN HARBOR
AND
LOCAL SHORE ACTIVITIES

	Admissions	Discharges	Consultations	Autopsies	Deaths
Navy	40	15	302	0	0
USMC	0	0	0	0	0
Army	1	1	4	0	0
USMS	4	1	84	0	0
Allied	0	0	0	0	0
Total	45	17	390	0	0

atient Census as of 2400 on 3 August 1945

Remaining Last Report	198
Admitted	16
Total	214
Discharged	14
Total Remaining	200

At 2018 on 3 August 1945 the ship departed on this special mission without delay for discharge or transfer of any of the patients on board.

Enroute to Peleliu all preparations were made for the embarkation and care of the survivors. All ambulatory patients were transferred to the Ambulatory Wards - D 1 and D 2. All other patients whose condition permitted were moved to upper bunks. All wards and surgical dressing rooms were supplied with additional quantities of sterile vaseline gauze dressings for use in the treatment of burn cases. Blood Bank No. 1 was requested by dispatch to ship by air, for delivery to the ship upon arrival off Peleliu Island, two cases (32 pints) of whole blood.

Upon arrival off Peleliu on 5 August 1945 the Senior Medical Officer, Chief of Surgery and Chief of Medicine disembarked to Base Hospital #20 to consult with the Medical Officer in Command and Staff of that hospital regarding the transfer of the survivors. All patients to be transferred were classified and tagged, indicating the ward and bunk number assigned. One hundred (100) Stoke's stretchers and twenty-five (25) Army-type litters were put ashore.

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The embarkation of patients commenced at 0900 on 6 August 1945. All ambulatory patients came aboard over the after gangways. All stretcher cases were transferred from LCT's by means of the jib crane hoists. Because of the size of these craft and the dispersal of patient handling facillities along both sides of the ship it was not possible to use at one time more than one of the five jib cranes on each side. When large numbers of patients are to be embarked from boats alongside, the use of smaller craft, such as LCVP's, would permit the use of more of these facilities at the same time, greatly increasing the speed of embarkation. Stoke's stretchers were used exclusively in the transfer of the stretcher cases as the Army-type litter, using the conventional bunk straps for securing the patient, were not considered adequately safe.

A total of 169 patients, 89 stretcher and 80 ambulatory were taken aboard in 3 1/2 hours using only one jib crane at a time for the stretcher cases and one gangway for the ambulatory patients.

The following table lists according to admission diagnosis the casualties embarked:

DIAGNOSIS		NO. OF CASUALTIES
EXHAUSTION, FROM OVEREXPOSURE	#2527	113
BURNS, CHEMICAL (Salt Water)	#2504	27
IMMERSION FOOT	#2585	5
CONTUSION	#2512	16
ABRASIONS	#2500	3
WOUND, LACERATED	#2563	3
DU (Fracture, Hand)	#2518	1
DU (Fracture, Ankle)	#2518	1
Total		169

It will be apparent from examination of the above table that the major medical problems presented by this group of patients were the effects of prolonged exposure to the sun and salt water. All of these men had been in the water, the majority afloat in life jackets, a small number on life rafts or nets, for a period of about 91 hours.

All but a few who were fortunate enough to have been on uncrowded life-rafts, showed evidence of extreme exhaustion, and severe skin irritations, with multiple superficial ulcerations of the legs, some also of the body and genitalia. Many also had severe abrasions and ulcerations of the skin in the folds of the axilla, the nipples, and around the neck and chin, from friction of life jackets and straps.

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Many of the abrasions and ulcerations showed superficial infection, but there were no cases of severe, spreading infection. A large number of patients had severe, painful, incapacitating abrasions and ulcerations behind the knees, apparently resulting from friction of clothing in this region from continuous kicking to keep afloat or move about in the water. The more severe cases showed also varying degrees of dehydration. Some with severe lesions of the legs also had considerable edema of the lower extremities and evidence of impaired peripheral circulation.

While many of the patients had been delirious and hallucinating during the last 24 hours before rescue, none showed any remarkable abnormal psychiatric disturbance during the period of observation aboard this ship.

About 10% of those patients who spent the entire period on immersion in life jackets complained of burning in esophagus and stomach, and had difficulty in swallowing and retaining nourishment taken by mouth. A number of these also had a severe hacking cough due to an irritative tracheo-bronchitis. One patient had a small area of atelectasis at one lung base. It may be assumed that these symptoms resulted from irritation of the esophagus, stomach and tracheo-bronchial mucous membrane by quantities of salt water and fuel oil swallowed. Many patients told of sleeping while afloat in their life jackets, and of being awakened when a wave washed over them, at which time they swallowed or choked on quantities of salt water and fuel oil which covered the surface.

With very few exceptions, those in the best condition had been on uncrowded life rafts. Though they had spent the same period of time with

their legs immersed in salt water, they had very few skin ulcerations. From this it must be concluded that abrasion of the macerated skin from friction of clothing or life jackets, while swimming about, played a large role in the etiology of the extensive lesions in those afloat in life jackets.

The problem of caring for these patients during the short period of transportation aboard this ship was largely one of nursing care and general supportive treatment. All hands of the Medical Department turned to to clean them up, remove fuel oil from the skin and hair, cleanse the skin lesions and apply sterile boric acid wet dressings or ointment dressings as indicated.

All patients showing skin lesions with any degree of infection were given penicillin intramuscularly. All who were unable to take adequate quantities of liquid or nourishment by mouth were given intravenous injections of saline and glucose. Whole blood, type O (Red Cross) received aboard on the day of arrival off Peleliu from the Blood Bank at Guam, was given generously to all patients who appeared might benefit from it. A total of eleven blood transfusions were given.

In addition to this nursing care and supportive treatment these patients unquestionably benefited from the air-conditioned environment. The absence of sweating undoubtedly contributed largely to the ease with which adequate hydration was accomplished, and the rapidity with which the skin lesions began to take on a cleaner, healthier appearance. It is believed that the cool, comfortable atmosphere was also a most important factor in the ability of most of these patients to sleep quietly and restfully with very little or no sedation.

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On August 11, 1945, the Commanding Officer received orders to evacuate the ship of patients as far as possible and proceed to a rendezvous point to await further orders.

All patients were immediately classified for transfer to Navy #3011 or for discharge to duty. Stretcher patients were disembarked by means of the starboard jib crane hoist in Stoke's stretchers to an LCT. Ambulatory patients were disembarked over the starboard after gangway.

The following table summarizes the disembarkation of patients:

	Transferred to NAVY #3011 (Stretcher)	(Ambulatory)	Discharged To Duty	Retained Aboard
Navy	9	6	21	6
USMC	1	1	0	0
Army	0	0	1	2
USNS	1	1	1	0
Allied	0	0	0	0
Total	11	8	23	8

Disembarkation was completed at 1635 and the ship got underway at 1850.

On 8-11-45, the ship left Ulithi to join T.G. 30.6, Third Fleet, whose mission was the occupation of Japan. On 8-26-45, orders were received to return to Guam, th pick up a load of patients for San Francisco. This mission, which was carried out under T.G. 16.12, "Magic Carpet" Operation continued until the end of this year, and included a trip to Okinawa with return to San Francisco, a similar trip to Guam, and one to Pearl, returning to San Francisco. A partial load of patients, and passenger officers, nurses, Red Cross personnel, civilians, and dependents were carried in this operation.

(d) Additional data.

A complete critique of the design and operation of this ship is appended in Enc. 2, herewith, and a discussion of special features of the ship is contained therein. No new clinical practices or special clinical or epidemiological problems were encountered. The vessel was reduced to APH status during the "Magic Carpet" operation, and her medical mission was thereby largely nullified.

(e) Conclusion.

The most effective portion of the medical program of this vessel is contained in her superb hospital facilities. Properly staffed and employed, this medical department provides hospitalization of the highest order.

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